



Fire Department

A Certified Unified Program Agency

3300 Capitol Avenue, Bldg. B, P.O. Box 5006, Fremont, CA 94537-5006

510 494-4200 *ph* - 510 494-4250 *fax* - www.fremont.gov

Hazardous Materials Business Plan

Environmental, Health, and Safety Regulations:

Fremont Municipal Code and California Fire Code require all businesses to maintain safe conditions in the workplace; facilities that use, handle, or store hazardous materials for uses other than routine facility maintenance must also comply with all applicable State and Federal requirements. In general, hazardous materials reporting is required when any of these thresholds is reached:

**55 Gallons of Liquids
200 Cubic Feet of Gases
500 Pounds of Solids**

Reporting Requirements:


Businesses are required to submit and maintain a Hazardous Materials Business Plan (HMBP) when the amount of all materials on site reaches any of the thresholds. These minimum reporting requirements are intended to prevent accidents, injuries, and accidental releases and to assist emergency responders in the event of an accident or fire. The forms in this package include:

- **Business Activities Form:** A one-page form with instructions.
- **Business Owner/Operator Identification:** A one-page form with instructions.
- **Property Owner Identification Form:** A one-page form to be completed if the property is owned by someone other than the business owner.
- **Hazardous Materials Inventory/Chemical Description:** Separate spreadsheets are provided for *Hazardous Materials* and *Hazardous Waste*. Facilities using Form 2731 must also submit a separate list of all materials including Hazard Class, Common Name, chemical Name, Maximum Amount, Hazard Code per NFPA Standard 704(m), and location. This is considered "locally collected information," and is for the protection of emergency responders.
- **Facility Site Map and Storage Plan:** Minimum information requirements and a sample map are included.
- **Employee Training and Facility Recordkeeping**
- **Emergency Response Plan/Contingency Plan:** Forms are provided including a list of emergency equipment and supplies.
- **NFPA Placards and Labeling**
- **Material Safety Data Sheets**
- **Facility Closure Plan**

Businesses are required to amend the Hazardous Materials Business Plan when:

- There is an increase of 100% or more of any reported material.
- Any previously unreported material is brought onto the site.
- There is any change in business address, ownership, or name.


Submit one original, signed copy to the Fire Department; keep one copy readily accessible at the facility. The plan must be recertified by the facility and accepted by the Fire Department by March 1st of each year. The hazardous materials business plan is not valid until the plan has been marked "acceptable" by a representative of the Fremont Fire Department.

	UNIFIED PROGRAM CONSOLIDATED FORM - FACILITY INFORMATION BUSINESS OWNER/OPERATOR IDENTIFICATION																	
I. IDENTIFICATION																		
FACILITY ID #	0	1	0	0	9						1	BEGINNING DATE	100	ENDING DATE	101			
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)												3	BUSINESS PHONE				102	
													()					
BUSINESS SITE ADDRESS												103	BUSINESS FAX				102a	
													()					
BUSINESS SITE CITY										104	CA	ZIIP CODE			105	COUNTY		108
DUN & BRADSTREET										106	PRIMARY SIC			107	PRIMARY NAICS			107a
BUSINESS MAILING ADDRESS																108a		
BUSINESS MAILING CITY										108b	STATE			108c	ZIP CODE			108d
BUSINESS OPEATOR NAME										109	BUSINESS OPERATOR PHONE						110	
											()							
II. BUSINESS OWNER																		
OWNER NAME												111	OWNER PHONE				112	
													()					
OWNER MAILING ADDRESS																113		
OWNER MAILING CITY										114	STATE			115	ZIP CODE			116
III. ENVIRONMENTAL CONTACT																		
CONTACT NAME												117	CONTACT PHONE				118	
													()					
CONTACT MAILING ADDRESS												119	CONTACT EMAIL				119a	
CONTACT MAILING CITY										120	STATE			121	ZIP CODE			122
IV. EMERGENCY CONTACTS																		
-PRIMARY-								-SECONDARY-										
NAME								123	NAME								128	
TITLE								124	TITLE								129	
BUSINESS PHONE								125	BUSINESS PHONE								130	
()									()									
CELL PHONE								126	CELL PHONE								131	
()									()									
HOME PHONE								127	HOME PHONE								132	
()									()									
OFFICIAL USE ONLY:																133		
Received								Accepted										
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.																		
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE								136	DATE				134	NAME OF DOCUMENT PREPARER				135
NAME OF SIGNER (Print)								136	TITLE OF SIGNER								137	

Business Owner/Operator Identification

Please include the Business Owner/Operator Identification page with all HMBP submittals where the Business Activities page and/or hazardous materials inventory page(s) are submitted. **[Note:** Numbering of the following instructions follows the Unified Program Consolidated Form (UPCF) data element numbers on the form. These data element numbers are used for electronic submittal and are the same as the numbering used in the Unified Program Data Dictionary in 27 CCR, Division 3.] Please number all pages of your submittal.

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
3. BUSINESS NAME - Enter the complete Facility Name.
100. BEGINNING DATE - Enter the beginning year and date of the report.
101. ENDING DATE - Enter the ending year and date of the report.
102. BUSINESS PHONE - Enter the phone number, including area code and any extension.
- 102a. BUSINESS FAX - Enter the fax number, including area code.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
104. CITY - Enter the city or unincorporated area in which the facility is located.
105. ZIP CODE - Enter the 5 or 9 digit zip code for the facility.
106. DUN & BRADSTREET - If the business has a D&B number, enter it here.
107. SIC CODE - Enter the 4 digit Standard Industrial Classification Code number for the facility's primary business activity.
- 107a. NAICS NUMBER - Enter the primary North American Industrial Classification System number.
108. COUNTY - Enter the name of the county in which the facility is located.
- 108a. BUSINESS MAILING ADDRESS - Enter the facility's street or P.O. box mailing address, if different from the site address.
- 108b. BUSINESS MAILING CITY - Enter the name of the city for the facility's mailing address.
- 108c. BUSINESS MAILING STATE - Enter the 2 character state abbreviation for the facility's mailing address.
- 108d. BUSINESS MAILING ZIP CODE - Enter the 5 or 9 digit zip code for the facility's mailing address.
109. BUSINESS OPERATOR NAME - Enter the name of the facility operator.
110. BUSINESS OPERATOR PHONE - Enter the operator's phone number, including area code and any extension.
111. OWNER NAME - Enter the name of the facility owner, if different from the operator.
112. OWNER PHONE - Enter the owner's phone number, including area code and any extension.
113. OWNER MAILING ADDRESS - Enter the owner's street or P.O. box mailing address, if different from the site address.
114. OWNER MAILING CITY - Enter the name of the city for the owner's mailing address.
115. OWNER MAILING STATE - Enter the 2 character state abbreviation for the owner's mailing address.
116. OWNER MAILING ZIP CODE - Enter the 5 or 9 digit zip code for the owner's mailing address.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person, if different from the Business Owner or Operator, who will receive all environmental correspondence and will respond to enforcement activity.
118. CONTACT PHONE - Enter the environmental contact's phone number, including area code and any extension.
- 119a. CONTACT EMAIL ADDRESS - Enter the Environmental Contact's eMail address.
119. CONTACT MAILING ADDRESS - Enter the street or P.O. box mailing address where all environmental contact correspondence should be sent, if different from the site address.
120. CONTACT MAILING CITY - Enter the name of the city for the environmental contact's mailing address.
121. CONTACT MAILING STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. CONTACT MAILING ZIP CODE - Enter the 5 or 9 digit zip code for the environmental contact's mailing address.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative (i.e. Emergency Coordinator) who can be contacted in case of an emergency involving hazardous materials at the facility. This person shall have full facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary Emergency Coordinator.
125. BUSINESS PHONE - Enter primary Emergency Coordinator's business phone number, including area code and any extension.
126. 24-HOUR PHONE - Enter a phone number that will be answered 24 hours a day. If not the primary Emergency Coordinator's home phone number, then the number of an answering service able to immediately contact the primary Emergency Coordinator must be provided. Please note that this is a public document, so any telephone number provided is available to the general public any time a review of your facility's records is conducted.
127. PAGER NUMBER - Enter the pager number for the primary Emergency Coordinator, if available.
128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary Emergency Coordinator who can be contacted in the event that the primary Emergency Coordinator is not available. The contact shall have full facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE - Enter the title of the secondary Emergency Coordinator.
130. BUSINESS PHONE - Enter secondary Emergency Coordinator's business phone number, including area code and any extension.
131. 24-HOUR PHONE - Enter a phone number for the secondary Emergency Coordinator. See instructions for item 126, above.
132. PAGER NUMBER - Enter the pager number for the secondary Emergency Coordinator, if available.
133. OFFICIAL USE ONLY
134. DATE - Enter the date that the document was signed.
135. NAME OF DOCUMENT PREPARER - Type or print the full name of the person who prepared the Business Plan information.
136. NAME OF SIGNER - Type or print the full name of the person signing this document.
137. TITLE OF SIGNER - Enter the title of the person signing this document.

	UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION BUSINESS ACTIVITIES PAGE	
I. FACILITY IDENTIFICATION		
FACILITY ID # <i>(Agency Use Only)</i>	<div style="display: flex; justify-content: space-around; align-items: center;"> 01-009- </div>	<div style="display: flex; justify-content: space-between;"> ¹ EPA ID # (Hazardous Waste Only) 2 </div>
BUSINESS NAME (Same as Facility Name or DBA – Doing Business As)		3
BUSINESS SITE ADDRESS		103
BUSINESS SITE CITY		104
CA		ZIP CODE 105
II. ACTIVITIES DECLARATION		
NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.		
Does your facility...	If Yes, please complete these pages of the UPCF...	
A. HAZARDOUS MATERIALS Have on site (for any purpose) at any one time, hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input type="checkbox"/> YES <input type="checkbox"/> NO 4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION
B. REGULATED SUBSTANCES Have Regulated substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?	<input type="checkbox"/> YES <input type="checkbox"/> NO 4a	Coordinate with your local agency responsible for CalARP.
C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks?	<input type="checkbox"/> YES <input type="checkbox"/> NO 5	UST OPERATING PERMIT APPLICATION – FACILITY INFORMATION UST OPERATING PERMIT APPLICATION – TANK INFORMATION
D. ABOVE GROUND PETROLEUM STORAGE Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers?	<input type="checkbox"/> YES <input type="checkbox"/> NO 8	SPCC PLAN REQUIRED
E. HAZARDOUS WASTE Generate hazardous waste?	<input type="checkbox"/> YES <input type="checkbox"/> NO 9	EPA ID NUMBER – provide at top of this page
Recycle more than 100 kg/month of excluded or exempted recycled materials (per HSC 25143.2)?	<input type="checkbox"/> YES <input type="checkbox"/> NO 10	RECYCLABLE MATERIALS REPORT (one per recycler)
Treat hazardous waste on site?	<input type="checkbox"/> YES <input type="checkbox"/> NO 11	ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION - FACILITY PAGE ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION - UNIT PAGE (one page per unit)
Perform treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	<input type="checkbox"/> YES <input type="checkbox"/> NO 12	CERTIFICATION OF FINANCIAL ASSURANCE
Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input type="checkbox"/> NO 13	REMOTE WASTE CONSOLIDATION SITE ANNUAL NOTIFICATION
Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input type="checkbox"/> NO 14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste?	<input type="checkbox"/> YES <input type="checkbox"/> NO 14a	Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator.
Serve as a Household Hazardous Waste (HHW) Collection site?	<input type="checkbox"/> YES <input type="checkbox"/> NO 14b	See CUPA for required forms.
F. LOCAL REQUIREMENTS Is the property owned by an entity other than the business owner?	<input type="checkbox"/> YES <input type="checkbox"/> NO 16	PROPERTY OWNER IDENTIFICATION FORM

Business Activities

Please submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials Inventory – Chemical Description pages (OES Form 2731) for all submissions. **(Note:** The numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, and the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
2. EPA ID NUMBER - If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (USEPA) or California Identification number. If your facility generates more than 100 kilograms (kg) of a RCRA (i.e., federally regulated) hazardous waste per year, obtain a federal EPA ID Number by submitting EPA FORM 8700-12 to the USEPA. Otherwise, obtain a California EPA ID Number by submitting DTSC FORM 1358 to the Department of Toxic Substances Control (DTSC). Forms are available at www.dtsc.ca.gov.
3. BUSINESS NAME - Enter the complete Facility Name.
103. BUSINESS SITE ADDRESS - Check the appropriate box to indicate whether you have any hazardous material on site in a quantity subject to Hazardous Materials Business Plan (HMBP) reporting requirements. (Refer to the HMBP instructions available on the Internet at www.unidocs.org/hazmat/business-plan/index.html). If "YES," you must submit a HMBP.
104. BUSINESS SITE CITY - Enter the city or unincorporated area in which the facility is located.
105. ZIP CODE - Enter the 5 or 9 digit zip code for the facility.
4. HAZARDOUS MATERIALS - Check the appropriate box to indicate whether you have any hazardous material on site in a quantity subject to Hazardous Materials Business Plan (HMBP) reporting requirements. (Refer to the HMBP instructions available on the Internet at www.unidocs.org/hazmat/business-plan/index.html). If "YES," you must submit a HMBP.
- 4a. REGULATED SUBSTANCES - Check the appropriate box to indicate whether you have any CalARP regulated substance on site. (Refer to www.oes.ca.gov for CalARP guidance documents regarding regulated substances.)
5. UNDERGROUND STORAGE TANKS (UST) - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) §25316. If "YES", and you do not already have on file with your local agency a current UST Operating Permit Application - Facility page, UST Operating Permit Application - Tank page for each tank, UST Monitoring Plan, and UST Response Plan, then you must submit those documents. (Note: There is no UPCF page for the UST Response Plan.)
8. ABOVEGROUND PETROLEUM STORAGE - Check the appropriate box to indicate whether your facility has aggregate aboveground petroleum storage (including used oil) greater than 1,320 gallons. Prepare a Spill Prevention Control and Countermeasure Plan (SPCC) in accordance with U.S. Code of Federal Regulations, Title 40, Part 112 and California Health and safety Code Chapter 6.67. The following are exempt from this requirement: 1.) pressure vessels or boilers subject to Division 5 of the Labor Code; 2.) tanks containing hazardous waste if a hazardous waste facility permit has been issued by DTSC; 3.) aboveground oil production tanks regulated by the Division of Oil and Gas; and 4.) certain oil-filled electrical equipment, including, but not limited to, transformers, circuit breakers, and capacitors.
9. HAZARDOUS WASTE GENERATOR - Check the appropriate box to indicate whether your facility generates a waste that meets any of the hazardous waste criteria adopted pursuant to HSC §25141.
10. RECYCLE - Check the appropriate box to indicate whether your facility recycles more than 100 kg (approximately 220 pounds or 27 gallons) per month of recyclable material under a claim that the material is excluded or exempt per HSC §25143.2. If you check "YES," and you do not already have a current Recyclable Materials Report on file with the appropriate local Unified Program Agency (UPA), then you must also submit that report to the UPA. Check "NO" if you only send recyclable materials to an offsite recycler.
11. ONSITE HAZARDOUS WASTE TREATMENT - Check the appropriate box to indicate whether your facility engages in regulated onsite treatment of hazardous waste. If you check "YES," and you do not already have current Onsite Hazardous Waste Treatment Notification - Facility and Onsite Hazardous Waste Treatment Notification - Unit pages on file with the appropriate local UPA, then you must also submit those forms to the UPA.
12. FINANCIAL ASSURANCE - Check the appropriate box to indicate whether your facility has Permit by Rule (PBR) and/or Conditionally Authorized (CA) operations subject to financial assurance requirements for closure of an onsite treatment unit. If you check "YES," and you do not already have current "Certification of Financial Assurance" on file with the appropriate local UPA, then you must submit that form to the UPA.
13. HAZARDOUS WASTE REMOTE CONSOLIDATION SITE - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. By answering "YES," you are indicating that you are a hazardous waste generator that collects hazardous waste initially at a remote site and subsequently transports the hazardous waste to a consolidation site you also operate. If you check "YES," and you do not already have current "Remote Waste Consolidation Site Annual Notification" page on file with the appropriate local UPA, then you must submit that form to the UPA.
14. HAZARDOUS WASTE TANK CLEANING - Check the appropriate box if any tank has been cleaned onsite per Title 22, Div. 4.5, Ch. 32, CCR with the intention of rendering it non-hazardous. If you check "YES," then you must submit a Hazardous Waste Tank Closure Certification to the appropriate local UPA.
- 14a. RCRA LARGE QUANTITY GENERATOR - Check the appropriate box to indicate whether your facility is a LQG.
- 14b. HHW COLLECTION SITE - Check the appropriate box to indicate whether your facility is a HHW Collection Site.
15. LOCAL REQUIREMENTS - Check with your local UPA before submitting this document to determine if any supplemental information is required.
16. PROPERTY OWNED BY ENTITY OTHER THAN BUSINESS OWNER – Check if property is owned by entity other than business owner. Requires property owner identification form to be completed



**ATTACHMENT TO THE BUSINESS OWN/OPERATOR
UNIFIED PROGRAM CONSOLIDATED FORM
PROPERTY OWNER IDENTIFICATION FORM**

SITE IDENTIFICATION

FACILITY ID #	0	1		0	0	9										FILING DATE OF THIS FORM
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)															BUSINESS PHONE	
BUSINESS SITE ADDRESS																
CITY															ZIP CODE	

PROPERTY OWNER

OWNER NAME (Use Corporate Name, if applicable, and complete Contact Section.)															OWNER PHONE	
OWNER MAILING ADDRESS																
CITY														STATE	ZIP CODE	

PROPERTY OWNER CONTACT (FOR CORPORATIONS)

CONTACT NAME															CONTACT PHONE	
CONTACT MAILING ADDRESS																
CITY														STATE	ZIP CODE	

PROPERTY OWNER EMERGENCY CONTACT

NAME																
TITLE																
BUSINESS PHONE																
24-HOUR PHONE																
HOME PHONE																

Hazardous Materials/Waste Inventory – Chemical Description

You must complete a separate Hazardous Materials Inventory – Chemical Description page for each hazardous material (hazardous substances and hazardous waste) that you handle at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure) or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also complete a page for each radioactive material handled over quantities for which an emergency plan is required to be adopted pursuant to 10 CFR Parts 30, 40, or 70. The completed inventory should reflect all reportable quantities of hazardous materials at your facility, reported **separately** for each building or outside adjacent area, with **separate** pages for unique occurrences of physical state, storage temperature and storage pressure. (**Note:** The numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, and the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER – This number is for agency use only. Leave this space blank.
3. BUSINESS NAME – Enter the full legal name of the business.
201. CHEMICAL LOCATION – Enter the building or outside/adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC Sec. 25506.
202. CHEMICAL LOCATION CONFIDENTIAL – EPCRA – All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential. If the business does not wish to keep chemical location information confidential check "No."
203. MAP NUMBER – If a map is included, enter the number of the map on which the location of the hazardous material is shown.
204. GRID NUMBER – If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.
205. CHEMICAL NAME – Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; complete the "COMMON NAME" field instead.
206. TRADE SECRET – Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not.
State requirement: If yes, and business is not subject to EPCRA, disclosure of the designated trade secret information is bound by HSC Sec. 25511.
Federal requirement: If yes, and business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40CFR 350.27) to USEPA.
207. COMMON NAME: Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.
208. EHS – Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
209. CAS # -- Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section below.
210. FIRE CODE HAZARD CLASSES – Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. This information shall only be provided if the local fire chief deems it necessary and requests the CUPA or AA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are included in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one applicable hazard class, include all. Contact CUPA or AA for guidance.
211. HAZARDOUS MATERIAL TYPE – Check the one box that best describes the type of hazardous material; pure, mixture or waste. If waste material, check only that box. If mixture or waste, complete hazardous components section.
212. RADIOACTIVE – Check "Yes" if the hazardous material is radioactive or "No" if it is not.
213. CURIES – If the hazardous material is radioactive, use this area to report the activity in curies. You may use up to nine digits with a floating decimal point to report activity in curies.
214. PHYSICAL STATE – Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
215. LARGEST CONTAINER – Enter the total capacity of the largest container in which the material is stored.
216. FEDERAL HAZARD CATEGORIES – Check all categories that describe the physical and health hazards associated with the hazardous material.

PHYSICAL HAZARDS	HEALTH HAZARDS
Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	Acute Health (Immediate): Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short term exposure
Reactive: Unstable Reactive, Organic Peroxides, Water Reactive, Radioactive	
Pressure Release: Explosives, Compressed Gases, Blasting Agents	Chronic Health (Delayed): Carcinogens, other hazardous chemicals with an adverse effect with long term exposure

217. AVERAGE DAILY AMOUNT – Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/outside area. Calculations shall be based on the previous year's inventory of material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT – Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
219. ANNUAL WASTE AMOUNT – If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
220. STATE WASTE CODE – If the hazardous material is a waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.
221. UNITS – Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222. DAYS ON SITE – List the total number of days during the year that the material is on site.
223. STORAGE CONTAINER – Check all boxes that describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.
224. STORAGE PRESSURE – Check the one box that best describes the pressure at which the hazardous materials is stored.
225. STORAGE TEMPERATURE – Check the one box that best describes the temperature at which the hazardous material is stored.
226. HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT) – Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report for components 2 through 5 in 230, 234, 238, and 242.)
227. HAZARDOUS COMPONENTS 1-5 NAME – When reporting a hazardous material that is a mixture, list up to five chemical names of hazardous components in that mixture by percentage weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight in non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, you may attach an additional sheet of paper to capture the required information. When reporting waste mixtures, mineral and chemical composition should be listed. (Report for components 2 through 5 in 231, 235, 239, and 243.)
228. HAZARDOUS COMPONENTS 1-5 EHS – Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Report for components 2 through 5 in 232, 236, 240, and 244.)
229. HAZARDOUS COMPONENTS 1-5 CAS – List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for 2-5.)
246. LOCALLY COLLECTED INFORMATION – This space may be used by the CUPA or AA to collect any additional information necessary to meet the requirements of their individual programs. Contact the CUPA or AA for guidance.



Fire Department
A Certified Unified Program Agency
3300 Capitol Avenue
P.O. Box 5006
Fremont, CA 94537-5006
www.fremont.gov

Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731
Fill out separate pages for each storage/use area

Facility Name: _____

Address: _____

Facility ID# 009-_____

Date: _____ Page ____ of ____

Area Name: _____

Hazard Class (210 & 212) 1	Common Name or Trade Name (207) 2	Chemical Name (If trade secret, see instruction sheet for additional requirements) (205, 226, 227) 3	C.A.S. # (209, 228) 4	EHS? Y or N (228, 224) 5	Pure or Mixture? 6	Solid, Liquid or Gas? 7	Federal Haz Cat (216) 8	Days on Site (222) 9	Largest Container (215) 10	Max. Amount (218) 11	Avg. Amount (217) 12	Units: LBS, GAL, or CF. (221) 13	Storage Container (223) 14	Storage Pressure (224) 15	Storage Temp. (225) 16	NFPA Hazard Warning		
																Health 17	Fire 18	Reactivity 19

Column 1 (210 & 212): Use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR= pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic

Column 8 (216): Use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard

Column 14 (223): AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG=bag; BX=box; CY=cylinder; GB=glass bottle; PB=plastic bottle; PL=pail; TB=tote bin; TW=tank wagon; RC=rail car

Columns 15 & 16 (224 & 225): A=ambient; G=greater; L=lower

Sign here if materials are reportable per EPCRA: _____



Fire Department
 A Certified Unified Program Agency
 3300 Capitol Avenue
 P.O. Box 5006
 Fremont, CA 94537-5006
www.fremont.gov

Hazardous WASTE

Inventory Statement

Spread Sheet Version of OES form 2731

Fill out separate pages for each storage/use area

Facility Name: _____

Address: _____

Facility ID# 009-_____

Date: _____ Page ____ of ____

Area Name: _____

State Waste Code (210 & 212)	Common Name Or Waste Mixture (207)	Chemical Name or Components % by weight, list up to five (243)	C.A.S. # for each component (244)	EHS? Y or N (228-4)	Pure or Mixture? (211)	Solid, or Liquid? (214)	Federal Haz Cat (216)	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs. Or Gal. (221)	Storage Cont. (223)	Annual Waste Throughput Amount (219)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Column 8 (216): use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard

Column 14 (223): AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG=bag; BX=box; CY=cylinder; GB=glass bottle; PB=plastic bottle; TB=tote bin; TW=tank wagon; RC=rail car



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<i>Waste Code No.</i>	<i>Waste Description</i>
(1) Inorganics:	
121	Alkaline solution (pH ≤ 12.5) with metals (antimony, arsenic, barium, beryllium, cadmium, chromium, cobalt, copper, lead, mercury, molybdenum, nickel, selenium, silver, thallium, vanadium, and zinc)
122	Alkaline solution without metals (pH > 12.5)
123	Unspecified alkaline solution
131	Aqueous solution (2 < pH < 12.5) containing reactive anions (azide, bromate, chlorate, cyanide, fluoride, hypochlorite, nitrite, perchlorate, and sulfide anions)
132	Aqueous solution with metals (restricted levels and see waste code 121 for a list of metals)
133	Aqueous solution with 10% or more total organic residues
134	Aqueous solution with less than 10% total organic residues
135	Unspecified aqueous solution
141	Off-specification, aged, or surplus inorganics
151	Asbestos-containing waste
161	Fluid-cracking catalyst (FCC) waste
162	Other spent catalyst
171	Metal sludge (see 121)
172	Metal dust (see 121) and machining waste
181	Other inorganic solid waste
(2) Organics:	
211	Halogenated solvents (chloroform, methyl chloride, perchloroethylene, etc.)
212	Oxygenated solvents (acetone, butanol, ethyl acetate, etc.)
213	Hydrocarbon solvents (benzene, hexane, Stoddard, etc.)
214	Unspecified solvent mixture
221	Waste oil and mixed oil
222	Oil/water separation sludge
223	Unspecified oil-containing waste
231	Pesticide rinse water
232	Pesticides and other waste associated with pesticide production
241	Tank bottom waste
251	Still bottoms with halogenated organics
252	Other still bottom waste
261	Polychlorinated biphenyls and material containing PCB's
271	Organic monomer waste (includes unreacted resins)
272	Polymeric resin waste
281	Adhesives
291	Latex waste
311	Pharmaceutical waste
321	Sewage sludge
322	Biological waste other than sewage sludge
331	Off-specification, aged, or surplus organics
341	Organic liquids (nonsolvents) with halogens
342	Organic liquids with metals (see 121)
343	Unspecified organic liquid mixture
351	Organic solids with halogens
352	Other organic solids
(3) Sludges:	
411	Alum and gypsum sludge
421	Lime sludge

<i>Waste Code No.</i>	<i>Waste Description</i>
431	Phosphate sludge
441	Sulfur sludge
451	Degreasing sludge
461	Paint sludge
471	Paper sludge/pulp
481	Tetraethyl lead sludge
491	Unspecified sludge waste
(4) Miscellaneous:	
511	Empty pesticide containers 30 gallons or more
512	Other empty containers 30 gallons or more
513	Empty containers less than 30 gallons
521	Drilling mud
531	Chemical toilet waste
541	Photochemicals/photoprocessing waste
551	Laboratory waste chemicals
561	Detergent and soap
571	Fly ash, bottom ash, and retort ash
581	Gas scrubber waste
591	Baghouse waste
611	Contaminated soil from site clean-ups
612	Household waste
613	Auto shredder waste
(5) California Restricted Wastes:	
711	Liquids with cyanides ≥ 1000 mg/l
721	Liquids with arsenic ≥ 500 mg/l
722	Liquids with cadmium ≥ 100 mg/l
723	Liquids with chromium (VI) ≥ 500 mg/l
724	Liquids with lead ≥ 500 mg/l
725	Liquids with mercury ≥ 20 mg/l
726	Liquids with nickel ≥ 134 mg/l
727	Liquids with selenium ≥ 100 mg/l
728	Liquids with thallium ≥ 130 mg/l
731	Liquids with polychlorinated biphenyls ≥ 50 mg/l
741	Liquids halogenated organic compounds ≥ 1000 mg/l
751	Solids or sludges with halogenated organic compounds ≥ 1000 mg/kg
791	Liquids with pH < 2
792	Liquids with pH < 2 with metals
801	Waste potentially containing dioxins
(c) List of California Hazardous Waste Codes arranged alphabetically within each numbered category in this subdivision:	

Waste Codes









These codes are for use in
Column #1 of the
"Hazardous Waste Inventory Statement"

Facility Site Plan and Storage Map Instructions

A Site Plan (public document) and Storage Map (confidential document) must be included with your HMBP. For relatively small facilities, these documents may be combined into one drawing. However, if combined, the combined Site Plan/Storage Map will become a public document. If you are concerned about displaying the storage locations of hazardous materials to the public, you must provide a separate facility Storage Map. Since these drawings are intended for use in emergency response situations, larger facilities (*generally those with complex and/or multiple buildings*) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Plan/Storage Map sheet has been provided on the following page. You may complete that page or attach any other drawing(s) that contain(s) the information required below:

A. SITE PLAN (public document): This map shall contain, at a minimum, the following information:

On the following grid paper, draw a diagram that shows the facility location relative to adjacent streets, properties and other buildings.

1. Indicate North direction on the top right hand corner of the page.
2. Indicate appropriate scale.
3. At the bottom of the page, indicate the facility name, address and date that the map was prepared.
4. Show and label the locations of the following structures:
 - a. Buildings and other aboveground structures
 - b. All streets bordering the facility
 - c. Underground storage tank locations and monitoring wells
 - d. Fire Hydrants  Fire protection connections 
 - e. Storm  and Sewer  drains
 - f. Parking lots and internal roads
 - g. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas.
 - h. Secondary containment areas outside any building
 - i. Hazardous materials loading areas
 - j. Outside hazardous materials storage or use areas;
 - k. Gas, Electric and water shut off valves   
 - l. Fences and Gates
 - m. Knox box 

B. FACILITY STORAGE MAP (confidential): The map(s) shall contain, at a minimum, the following information:

On the following grid paper, draw a diagram that shows the hazardous materials storage areas inside and outside the buildings. Write "TRADE SECRET" somewhere on each map that shows locations of hazardous materials. Facility maps showing locations of hazardous materials are considered Trade Secret under Chapter 6.95 of the State of California Health and Safety Code.

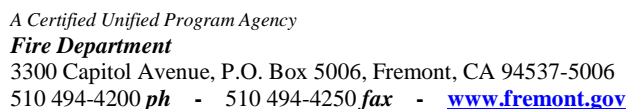
1. Designate each hazardous materials storage/use location with a letter of the alphabet starting with A, B and C, etc. This will tie your chemicals on the Hazardous Materials Inventory Statement to its location on the map.
2. Location of emergency response equipment. For example, fire extinguishers, spill control equipment, safety showers, medical kits, and Emergency Shut-off switches (indicate type, i.e., for underground tank pump, toxic gas shutoff, ventilation).
3. Indicate North direction on the top right hand corner of the page.
4. Indicate approximate scale.
5. At the bottom of the page, indicate the facility name, address and date that the map was prepared.
6. Entrances to and exits from each building and hazardous material/waste room/area.
7. Location of each monitoring system control panel (e.g., underground tank monitoring, toxic gas monitoring, etc.).

Facility Site Plan and Storage Map Grid

Site Address: _____

Date Map Created: _____ Map Scale: _____ Page ____ of ____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
A															
B															
C															
D															
E															
F															
G															
H															
I															
J															
K															
L															
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Q															
R															
S															
T															
U															
V															
W															
X															
Y															
Z															



	Instructions
<p>1. Emergency Coordinator: Name: _____ Telephone No.: _____ (Business Hours) Telephone No.: _____ (After Business Hours) Alternate: Name: _____ Telephone No.: _____ (Business Hours) Telephone No.: _____ (After Business Hours)</p>	<p>1. List the names and telephone numbers of at least two individuals to notify in case of emergency involving hazardous materials at this facility.</p> <p>These persons should be knowledgeable about the hazardous materials stored/used at the facility and have authority to make management decisions concerning clean up expenditures.</p>
<p>2. Do you have a written emergency response plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. If you do not, you can use the following as your plan. If you have a written plan, it should include the following:</p>
<p>3. Notification: a) Priority contact: Fire/Police/Ambulance – 911 b) CA State Office of Emergency Services – 1-800-852-7550 c) Other Agencies, Spill Response Companies and Phone Numbers: BAAQMD – 415-771-6000 Union Sanitary District – 510-790-0100 CUPA – 510-494-4285 National Response Center – 1-800-424-8802 d) Nearest Medical Facility Name, Address and Phone No. _____ _____ _____</p>	<p>3. Priority Numbers - a) Police/Fire (911) for any kind of an emergency. b) Spill Number – If you have a release or threatened release of hazardous materials which may impact human health or the environment, you are also required to notify the CA State Office of Emergency Services. c) Other Numbers – Identify other Agency numbers (i.e., Fish and Game, Waste water treatment plant, Regional Water Board) and also spill response company numbers that can be contacted in case of an emergency. d) Nearest Medical Facility – Identify the name, address and phone number of nearest medical facility.</p>
<p>4. Areas/equipment identified to be inspected immediately after an earthquake: _____ _____</p>	<p>4. Identify the areas and/or mechanical equipment or other systems that could require immediate inspection or isolation because of their vulnerability to earthquake related ground motion.</p>
<p>5. Evacuation: e) Describe local alarm system for evacuation: _____ Verbal (i.e., shouting) _____ Horns _____ Alarms _____ Other f) Outside Assembly Area designated: _____ g) Evacuation route maps posted: <input type="checkbox"/> Yes <input type="checkbox"/> No h) Reentry procedures defined: _____ _____</p>	<p>5. Evacuation: a) Describe local alarm or notification system for evacuation (i.e., P.A. system, horn, alarm, shouting). b) Designate an upwind area as an evacuation assembly area. c) Evacuation route maps should be posted in conspicuous areas in facility. d) Describe how it will be decided when to reenter the building. Who will take a head count? Who will ensure all operations are back to normal? Who is responsible?</p>



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EMERGENCY RESPONSE/CONTINGENCY PLAN EQUIPMENT LISTING

Equipment Category	Equipment: ✓ if these are provided	Location	Description: Specify type and quantity
Personal Protective Equipment Safety Equipment First Aid Equipment	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Safety Glasses/Goggles/Face Shields		
	<input type="checkbox"/> Chemical Protective Clothing		
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Chemical Monitoring Equipment (describe)		
	<input type="checkbox"/> First Aid Kits		
	<input type="checkbox"/> Eye Wash Stations		
	<input type="checkbox"/> Safety Showers		
	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> SCBA Units		
<input type="checkbox"/> Other (describe)			
Fire Extinguishing Systems	<input type="checkbox"/> Fire Extinguishers		
	<input type="checkbox"/> Fire Hose		
	<input type="checkbox"/> Foam with Nozzles/Hose		
Spill Control Equipment, Decontamination Equipment	<input type="checkbox"/> Absorbents, Neutralizers		
	<input type="checkbox"/> Shovels/Brooms/Squeegees		
	<input type="checkbox"/> Overpack Drum/Spill Drum		
	<input type="checkbox"/> Absorbent Booms/Pillows/Pads		
	<input type="checkbox"/> Decontamination Equipment (describe)		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits (describe)		
	<input type="checkbox"/> Other (describe)		
Communications and Alarm Systems	<input type="checkbox"/> Telephones		
	<input type="checkbox"/> Intercoms/PA Systems		
	<input type="checkbox"/> Portable 2 Way Radios		
	<input type="checkbox"/> Pull Station Alarms		
	<input type="checkbox"/> Automatic Alarms		
Check if additional pages are attached ()	<input type="checkbox"/>		



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EMPLOYEE TRAINING PLAN

All facilities which handle hazardous materials must maintain records associated with their management and describe that recordkeeping as part of this plan. The form below is provided to document records which are kept at the facility.

Check all boxes which apply. **Note:** Items marked with an asterisk (*) are required.

1. **Personnel** are trained in the following procedures:

<input type="checkbox"/> Internal alarm/notification*
<input type="checkbox"/> Evacuation/reentry procedures and assembly point locations*
<input type="checkbox"/> Emergency incident reporting
<input type="checkbox"/> External emergency response organization notification
<input type="checkbox"/> Location(s) and contents of Emergency Response/Contingency Plan
<input type="checkbox"/> Facility evacuation drills, which are conducted at least (<i>specify</i>) _____ yearly (<i>e.g., quarterly.</i>)

2. **Chemical Handlers** are additionally trained in the following:

<input type="checkbox"/> Safe methods for handling and storage of hazardous materials*
<input type="checkbox"/> Location(s) and proper use of fire and spill control equipment
<input type="checkbox"/> Spill procedures/emergency procedures
<input type="checkbox"/> Proper use of personal protective equipment*
<input type="checkbox"/> Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (<i>i.e., inhalation, ingestion, absorption</i>)*
<input type="checkbox"/> Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (<i>e.g., container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.</i>)*

3. **Emergency Response Team Members** are capable of and engaged in the following:

<input type="checkbox"/> Personnel rescue procedures
<input type="checkbox"/> Shutdown of operations
<input type="checkbox"/> Liaison with responding agencies
<input type="checkbox"/> Use, maintenance, and replacement of emergency response equipment
<input type="checkbox"/> Refresher training, which is provided at least annually*
<input type="checkbox"/> Emergency response drills, which are conducted at least (<i>specify</i>) _____ yearly (<i>e.g., quarterly.</i>)

RECORDKEEPING

All facilities which handle hazardous materials must maintain records associated with their management and describe that recordkeeping as part of this plan. The form below is provided to document records which are kept at the facility.

Check all boxes which apply. **Note:** Items marked with an asterisk (*) are required.

<input type="checkbox"/> Current employees' training records (<i>to be retained until closure of the facility</i>)*
<input type="checkbox"/> Former employees' training records (<i>to be retained at least three years after termination of employment</i>)*
<input type="checkbox"/> Training Program(s) (<i>i.e., written description of introductory and continuing training</i>)*
<input type="checkbox"/> Current copy of this Emergency Response/Contingency Plan*
<input type="checkbox"/> Record of recordable/reportable hazardous material/waste releases*
<input type="checkbox"/> Record of hazardous material/waste storage area inspections*
<input type="checkbox"/> Record of hazardous waste tank daily inspections*
<input type="checkbox"/> Description and documentation of facility emergency response drills

Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.

FACILITY INSPECTION LOGS

Check the appropriate box:

<input type="checkbox"/> We will use the "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
<input type="checkbox"/> We will use our own documents to record inspections. (<i>A blank copy of each document used must be attached to this HMBP.</i>)



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Fire Department

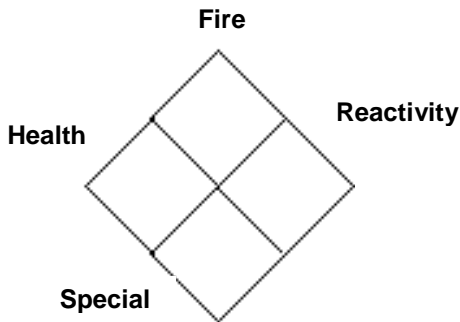
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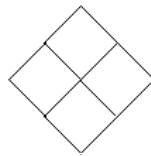
PLACARDING AND LABELING

The outside of the facility and any areas where a significant chemical hazard is present must be placarded per the NFPA 704(m) Standard. This is a numerical coding for health, fire, reactivity and special hazards. The Facility Placard, representing the aggregate of hazards present at the facility must be posted at entrances or where it will be seen by arriving emergency responders. **A Guidance Document on NFPA placards is available from the Fremont Fire Department.**

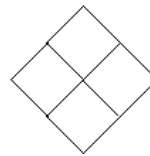
Facility Placard:



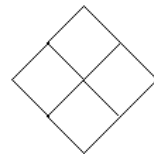
Subdivision Placards: If required, show placarding for other storage areas. Use additional pages if needed.



Area _____



Area _____



Area _____

Labeling: Labeling is required on all drums, containers and equipment used in conjunction with hazardous materials or waste. Check the kinds of equipment present in this facility and verify that proper labels are in place.

___ Tanks ___ Containers ___ Process Equipment ___ Piping ___ Empties ___ Control Valves

Material Safety Data Sheets

Material Safety Data Sheets may be obtained from product suppliers. A MSDS for every reported material at the facility must be kept on site at all times. In the space below, describe a location in the facility where Material Safety Data Sheets are located.

Location of the MSDS File, folder or binder: _____

Facility Closure

A closure plan shall be submitted to the Fremont Fire Department **AT LEAST 30 DAYS PRIOR** to the termination of the storage or use of hazardous materials. Sign and date below to acknowledge that a copy of this form will be sent to the property owner or property manager if property is not owned by the facility. The closure plan may include some or all of the following items as required by the City of Fremont Fire Department:

- Agencies that will be contacted.
- Sampling and analysis activities.
- Equipment and facility decontamination procedures.
- Disposition of all hazardous materials and waste.
- Intent to include copies of all Hazardous Waste Manifests, Bills of Sale and/or documentation.
- Intent to arrange a follow-up inspection.
- Intent to file a Post-Closure report within 30 days of completion of closure activities.

Sign here: _____ **Title:** _____ **Date:** _____

Facility Name: _____ **Address:** _____



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Business Name: _____
 Inspection Area: _____
 Inspector: _____
 Date: _____

	Week 1		Week 2		Week 3		Week 4		Comments
	Yes	No	Yes	No	Yes	No	Yes	No	
Hazardous Waste Storage (weekly)									
1. Are all drums and or containers marked with a hazardous waste label?									
2. Is the generator name, address, and EPA ID# on the label?									
3. Are all drums and or containers marked with the accumulation start date?									
4. Are there any drums/containers that are near or have exceeded the day time frame? _____									
5. Are all drums and or containers closed?									
6. Are all drums/containers labels visible and readable on the appropriate drum/container?									
7. Are all drums and/or containers in good condition?									
8. All secondary containment clean and free of spills, leaks, and/or standing water?									
9. Manifests in order and maintained for last three (3) years.									
Safety Equipment (monthly)									
	Yes	No	Comments						
1. Are fire extinguishers current?									
2. Are spill kits stocked?									
3. Is the first aid cabinet stocked?									
4. Is personnel protective equipment stocked?									
5. Are MSDS's complete and in place									
Hazardous Materials (monthly)									
	Yes	No	Comments						
1. Are all hazardous material containers labeled?									
2. Are all flammable liquids/solids in appropriate storage?									
3. Are all rag containers closed?									
4. All compressed gas cylinders secured?									
5. Are all bulk liquids in secondary containment and the containment free of liquid?									
6. Is the Hazardous Materials Management Plan current?									

Hazardous Waste Generator Type: _____

Max Accumulation Time: _____ (Days)